

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	/						51					
2		/					52					
3		/					53					
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43	/						93					
44		/					94					
45		/					95					
46		/					96					
47		/					97					
48							98					
49							99					
50							100					
TOTAL IND.	6						TOTAL IND.					
TOTAL DEP.	41						TOTAL DEP.					
TOTAL CLAIMS	47						TOTAL CLAIMS					